



2022 / 2023 School Year

Transitional Kindergarten Information

Lisa Wrona, Director
christclarionps@gmail.com

415 Thornell Road
Pittsford, NY 14534
Phone: (585) 381-5091

Dear Parents,

The registration procedure for *Transitional Kindergarten* is as follows:

Registration will take place on **Thursday, December 9, 2021**, between 9:30 AM and 11:30 AM.

Forms will be color coded according to the following categories:

1. **RED** - Returning students and Board Members' children.
2. **BLUE** - Children of church members and siblings of returning students.
3. **YELLOW** - Siblings of children who have previously attended CCP and children of alumni.
4. **GREEN** - New Students

Immediately following the close of registration, forms will be randomly selected according to the above priorities.

PROGRAM

AGE REQUIREMENT: Children must be 5 by December 1, 2022.

Instructional programming will be coordinated with the *PCSD* and *NYS Education Department*.

All sessions will run for three hours per day, **9:00 AM to 12:00 PM, Monday through Friday**.

TUITION (paid in two installments)

\$4,050.00 for five days (**M-F, 9:00 AM to 12:00 PM**)

\$2,025.00 per payment

There is a **non-refundable fee** of \$75.00. Please make your check payable to *Christ Clarion Community Preschool*.

*Scholarship aid is available.

A \$75.00 registration fee per child must accompany all registrations and is non-refundable for any reason. First semester's tuition is due on **May 1, 2022**. This must be paid on time, or special arrangements must be made with our director to hold your child's place. Second semester tuition will be due **September 1, 2022**.

If you withdraw your child for any reason during the school year, you will be responsible for tuition until a replacement student is found.

Once the registration process is complete, you will receive an email with one of two possibilities:

1. Your child has been placed in the class and is expected to attend.
2. Your child has been placed on a wait list.



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CHILD'S INFORMATION (Please print, or fill out online form, then print it to sign it.)

Name		DOB		Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Street					
City		State	NY	Zip Code	
Home Phone		PRIMARY Email			

PARENT'S INFORMATION

NAME		<input type="checkbox"/> Mobile <input type="checkbox"/> Work PHONE	
MOTHER	<input type="checkbox"/> Secondary <input type="checkbox"/> Work Email		
NAME		<input type="checkbox"/> Mobile <input type="checkbox"/> Work PHONE	
FATHER	<input type="checkbox"/> Secondary <input type="checkbox"/> Work Email		

EMERGENCY CONTACT PERSON

Name		<input type="checkbox"/> Mobile <input type="checkbox"/> Work PHONE	
Relationship to Child		Email (Opt.)	

Do you wish for your child to be wait-listed for this class if filled prior to your registration? YES NO

Please answer the following questions:

Is this child a returning student? YES NO

Is this child a sibling of a returning student? YES NO If YES, name of sibling: _____

Is this child a *Christ Clarion Church* member? YES NO

Is this a child of a *Christ Clarion Preschool* alumni? YES NO If YES, name of alumni: _____

Is this child a sibling of a former *Christ Clarion* student? YES NO If YES, name of sibling: _____

Does this child have any food allergies? YES NO If YES, what are they allergic to: _____

If you have any questions regarding this program, please contact Lisa Wrona at 381-5091 or send an email to christclarionps@gmail.com.

I acknowledge that if I withdraw my child for any reason, I am still responsible for paying tuition until a replacement student is found.

SIGNATURE

DATE